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Communicable Disease and Epidemiology News

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Return Services Requested

Vol. 43, No. 11

November 2003

- **Influenza Arrives Early in King County**
- **Probable Wound Botulism Due to Injection of Black Tar Heroin**
- **Brochure for Pregnant Women on Preventing Listeriosis During Pregnancy**
- **New Death Certificate Form in January 2004**

Influenza Arrives Early in King County

Influenza season is underway early in King County. Sources of data that help Public Health determine the level of influenza activity include the King County influenza sentinel provider network, and reports in response to queries to health care providers and laboratories. School absenteeism greater than 10% is an indirect indicator of influenza activity in children, and has been reported by several schools in King County. Individual cases of influenza are not reportable to Public Health, though we do seek reports of influenza (or other disease) outbreaks at long-term care and nursing home facilities, and from schools and child care programs in the county.

A limited number of local virus isolates that have been subtyped to-date have been influenza A (H3N2). The early influenza season and predominance of influenza A (H3N2) are consistent with current national influenza trends reported by the Centers for Disease Control and Prevention (CDC). Interestingly, among the 55 H3N2 specimens from around the US that have been typed at the CDC, 46 (84%) of specimens were similar to type A/Fujian/411/2002, which predominated during the 2002 Southern Hemisphere flu season. This strain is not included in this year's influenza vaccine, but is an antigenic drift variant related to A/Panama/2007/99, which is included in this year's flu vaccine. Antibodies against A/Panama/2007/99 do cross-react with A/Fujian/411/2002, although at a lower level, so vaccination is still recommended and worthwhile for:

- Persons at high risk for complications from influenza.
- Persons who work or live with persons at high risk for complications from influenza, especially health care providers.
- Anyone who wants to avoid getting the flu this year.

Influenza vaccine availability is good this year and since the flu season usually lasts until March, it is not too late to receive a flu shot.

Members of the general public seeking information about influenza vaccine, or needing addresses and telephone numbers of Public Health influenza immunization locations, can call the 24-hour Communicable Disease (CD) information hotline at 206-296-4949.

For additional information about influenza, including local surveillance data, and specific groups the vaccine is recommended for, see:

<http://www.metrokc.gov/health/immunization/fluseason.htm>

Probable Wound Botulism Due to Injection of Black Tar Heroin

On November 14th, 2003, the Washington State Department of Health issued an alert regarding 2 probable cases of wound botulism among injecting users of black tar heroin in Pierce and Yakima counties. Botulism is most commonly transmitted by ingestion of preformed toxin from food products or inoculation of *C. botulinum* spores following trauma, or injection or snorting of drugs, usually black tar heroin.

Suspected cases of botulism should be reported to Public Health immediately at 206-296-4774. Public Health will: 1) facilitate laboratory confirmation of the diagnosis, 2) assist in obtaining antitoxin from the Centers for Disease Control and Prevention, and 3) prompt the investigation and removal of likely sources of transmission, and 4) identify other persons at risk for illness.

Botulism should be suspected in patients with cranial nerve dysfunction manifested as difficulty seeing, speaking and/or swallowing, followed by symmetric, descending weakness and paralysis. Clinical hallmarks include ptosis, blurred vision and the "4 Ds": diplopia, dysarthria, dysphonia, and dysphagia. A history of injecting or inhaling black tar heroin should be sought, and a thorough physical exam for evidence of cellulitis and abscesses and examination of the paranasal sinuses should be performed. CSF protein is normal in botulism; EMG may help differentiate causes of paralysis.

Initiation of treatment with antitoxin should be based on the clinical diagnosis and should not await laboratory confirmation. Early treatment with botulinum antitoxin is important to prevent progression to respiratory failure, the most frequent cause of death. Wounds suspected of being contaminated with *C. botulinum* should be widely debrided and irrigated, ideally after the administration of botulinum antitoxin. Anaerobic cultures should be obtained. Mechanical

ventilation is the main supportive therapy for severe cases of botulism.

For more information on botulism, see:
www.cdc.gov/ncidod/dbmd/diseaseinfo/botulism_g.htm

Brochure for Pregnant Women on Preventing Listeriosis During Pregnancy

Public Health-Seattle & King County has developed a brochure for pregnant women on preventing infection with *Listeria monocytogenes* during pregnancy. Listeria infection during pregnancy can cause severe infection in pregnant women (as it can among others who are immune compromised), and can lead to miscarriage, stillbirth, premature labor, and neonatal infection and death.

The brochure is available in both English and Spanish, and focuses on the importance of avoiding soft cheeses, such as brie, queso fresco, feta, and blue cheese, and refrigerated, perishable items such as cold cuts, smoked salmon, and uncooked or undercooked hotdogs.

Between 1990 and 2002, there were 75 reports of listeriosis in King County. Twenty-three of these were pregnancy associated. The pregnancy outcomes of these women included: 1 miscarriage, 7 fetal deaths, 8 premature births of infected newborns, and 4 newborn infections. In 3 cases, the pregnancy outcome was unknown.

Providers in King County can order hard copies of the brochure via e-mail at listeriabrochure@metrokc.gov or by calling Tiffany Acayan at 206-205-5812. Please include the number of English and Spanish brochures you need. A Spanish language poster about avoiding queso fresco during pregnancy is also available. All others may download these resources from our website at: www.metrokc.gov/health/prevcont/listeriosis

New Death Certificate Form in January 2004

A new death certificate will be implemented in January, 2004 by the Washington State Department of Health, Center for Health Statistics (CHS). The cause-of-death section completed by a medical certifier will have six

new items. Date and time pronounced dead were deleted from the form.

The new items include:

- **Were autopsy findings available to complete the Cause of Death?** -- Check a box for yes or no.
- **Pregnancy status for females** -- Check one of five boxes to indicate if not pregnant or pregnant at different time periods before death.
- **If transportation injury** -- Check a box to specify if decedent was a driver, passenger, or pedestrian.
- **License number of certifier** -- This is an optional item at the present time, but it will be used when an electronic registration system is implemented.
- **Manner of Death** -- A check box for “natural” is added. This item should be completed for **all** deaths, not just deaths due to injuries.
- **Did tobacco use contribute to death?** -- Check one of the four of boxes for Yes, No, Probably, or Unknown.

For more information about certifying causes of death, go to the CHS web site:
www.doh.wa.gov/ehsphl/chs/chs-data/death/hands.htm or call (360) 236-4351. An updated handbook will be available on the website in January, 2004.

Disease Reporting

AIDS/HIV (206) 296-4645
STDs..... (206) 731-3954
TB (206) 731-4579
All Other Notifiable Communicable Diseases (24 hours a day) (206) 296-4774
Automated reporting line for conditions not immediately notifiable (206) 296-4782

Hotlines

Communicable Disease (206) 296-4949
HIV/STD (206) 205-STDS

Online Resources

Public Health Home Page: www.metrokc.gov/health/
The **EPI-LOG**: www.metrokc.gov/health/providers
Subscribe to the Public Health Communicable Disease listserv (PHSKC INFO-X) at:
<http://mailman.u.washington.edu/mailman/listinfo/phskc-info-x>

Reported Cases of Selected Diseases, Seattle & King County 2003				
	Cases Reported in October		Cases Reported Through October	
	2003	2002	2003	2002
Campylobacteriosis	28	26	224	262
Cryptosporidiosis	3	5	35	21
Chlamydial infections	538	516	4,296	3,695
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	0	1	0
<i>E. coli</i> O157: H7	6	4	38	23
Giardiasis	14	14	104	151
Gonorrhea	136	136	1,162	1,206
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	0	0
Hepatitis A	5	0	26	28
Hepatitis B (acute)	2	2	31	27
Hepatitis B (chronic)	42	44	457	458
Hepatitis C (acute)	0	3	8	12
Hepatitis C (chronic, confirmed/probable)	51	94	740	1277
Hepatitis C (chronic, possible)	27	28	203	342
Herpes, genital (primary)	76	56	546	556
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	56	36	407	487
Measles	0	0	0	0
Meningococcal Disease	0	1	3	16
Mumps	0	0	0	0
Pertussis	51	24	258	115
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	24	18	204	178
Shigellosis	5	11	84	61
Syphilis	6	5	70	36
Syphilis, congenital	0	0	0	0
Syphilis, late	4	3	39	31
Tuberculosis	5	11	121	126

The *Epi-Log* is available in alternate formats upon request.



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